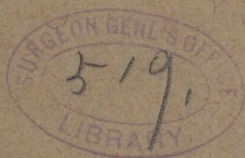


BECK (Carl)

The Value of an Ethereal Solution
of Iodoform in the Treatment
of Hæmorrhoids.

BY
CARL BECK, M. D.

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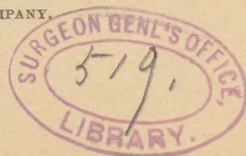
THE VALUE OF
AN ETHEREAL SOLUTION OF IODOFORM
IN THE TREATMENT OF HÆMORRHOIDS.

By CARL BECK, M.D.

AFTER considering the great absorbent power which iodoform dissolved in ether exerts in such conditions as cysts, lymphomata, goitre, etc. (hydrocele also, in which I have recently employed it successfully), where a shrinking process of the tissues is intended, I was induced to try its effect in the treatment of hæmorrhoids, and the good results which I have obtained in eight cases encouraged me to recommend this remedy to the profession, although I am well aware that the small number of cases, as well as the short time which has elapsed since the operations were performed, may impair, to some extent, my colleagues' confidence in the new method.

The operation is done in the following manner: After having prepared the patient by cleansing the bowels thoroughly with repeated irrigations of a solution of salicylic acid about fifteen minutes before the operation, a suppository containing two grains of cocaine and from a quarter to a third of a grain of morphine is introduced into the

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rectum. If the patient is extremely sensitive at the beginning of the operation, a one-per-cent. solution of cocaine should be injected into different portions of the mucous membrane, but practically I have never found this to be necessary. It may predispose the patient to hæmorrhage.

After the introduction of an iodoform-gauze tampon through a small speculum, the tumors are brought into view without grasping them with a forceps. Two drops of a saturated solution of iodoform in ether are then injected into the cellular tissue adjoining each nodule. Injecting this on both sides of the latter causes a formation of scar tissue and a shrinking of the circumvenous tissue. If the cocaine-morphine suppository has been introduced at the proper time, the pain following this procedure is very slight and passes away in a few moments. In place of the gauze tampon, a suppository containing two grains of salicylic acid is now substituted, and bismuth and opium are given to prevent a movement of the bowels.

On the third day two ounces of olive oil are injected into the rectum, and castor oil is given *per os*. During the subsequent weeks great care should be taken to keep the bowels loose. This operation does not prevent the patient from attending to his daily work.

I have not observed any bad effects, such as sepsis, abscess, ulceration, embolus, hæmorrhage, and stricture or fistula, and no relapse has yet occurred in any of my cases. If no obliteration, but contraction, should take place in a large hæmorrhoid, I would repeat the operation.

The following advantages are to be derived from the injection of iodoform dissolved in ether: 1. The operation can be performed without assistance, thus materially lessening the expense, which to many patients is an important item. 2. Iodoform, being a strong antiseptic, is certainly fitted to prevent suppuration or possibly sepsis, and differs

considerably from the much-used carbolic acid, which, if employed in the requisite strength, acts as a caustic. 3. As the nodules themselves are not touched, but only the circumvenous tissue, it is evident that embolism, which follows the use of carbolic acid and other liquids, can not occur. (Death due to the injection of carbolic acid is by no means a rare occurrence. In a case of my own, after I had injected a ten-per-cent. solution of carbolic acid into three small nodules in a young woman, a temperature of 106° F. set in ten hours afterward. On the following day icterus developed, but fortunately disappeared two weeks later, leaving the patient in a very weak condition for several months.) 4. No contraction takes place, such as follows the use of the cautery. 5. The patient can resume his work at once.

Seven months ago I used this treatment in the first case, five months ago in two cases, and four months ago in another case, and in all the hæmorrhoids have disappeared. The four remaining patients, who are doing well, were treated between one and three months ago.

I have had no opportunity of employing this method in treating so-called thrombotic and capillary hæmorrhoids, but I do not see why they should not yield to it.

In one of the cases mentioned the patient had prolapsed and large tumors, and I used this injection with good results, although the sphincters were contracted. If I had failed, Whitehead's operation would then have been performed. Among the other cases two of the patients had internal and five external hæmorrhoids, and, although in two cases there was inflammation, the injections were well borne and successful.

From a strictly surgical point of view, Whitehead's operation is the ideal one. But it should not be forgotten that it can be done only when good and sufficient assistance

is obtainable; furthermore, it confines the patient to his bed for at least two weeks. What this means to a poor workingman every physician knows, and in New York city, where, on an average, every fourth adult suffers from hæmorrhoids, such points have to be taken into consideration.

In reference to their frequent occurrence, I may say that it was quite customary in Germany to call hæmorrhoids "the American disease" before America had enlightened the Old World about appendicitis, which is now honored with this term. There is some truth in this, for the busy and enterprising American citizen, in his haste to become rich, does not seem to pay sufficient attention to the ordinary laws of health.

Since this article was written I have operated in four other cases with the same good results. I have also tried the same injection in the circumvenous tissue in two cases of varix. One was that of a woman, fifty-seven years old, who had suffered from varicose veins of the legs for twenty-seven years. Perfect recovery took place when I had injected at eight different points. In a case of varicocele in which I tried the injection in the same manner the result is still imperfect, probably because I used too small a quantity of the solution. It gives me pleasure to state that Dr. Struble, of Middletown, N. Y., has written to me that, having witnessed my demonstrations of this treatment at the Post-graduate Hospital, he has employed these injections in two cases of hæmorrhoids with perfect satisfaction.

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